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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of: ) 2004 NOV 14 PM 4:07  
DOUGLAS et al. ) Before the Examiner  
Application No. 10/612,852 ) Apanius, Michael  
Filed July 03, 2003 ) Group Art Unit  
METHODS AND APPARATUS FOR ) 3736  
SAMPLING AND ANALYZING BODY )  
FLUID ) Confirmation No. 4411

**REQUEST FOR REFUND UNDER 37 CFR 1.26(b)**  
**(IMPROPER CHARGE OF DEPOSIT ACCOUNT)**

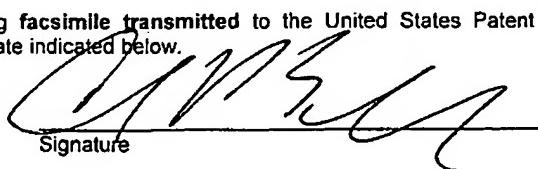
MAIL STOP 16  
Director of the U.S. Patent and Trademark Office  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a request for a refund, with respect to the charge to Deposit Account 233030, shown on the statement dated November 9, 2006, for the above-identified application. A copy of the monthly statement in which this error occurs accompanies this request.

- I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.
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- I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on the date indicated below.

Charles P. Schmal  
Typed/printed name of person signing this certificate

  
Signature

November 10, 2006  
Date

A review of Applicants Deposit Account Statement for November 2006 shows that two charges (\$600 for fee code 1201 independent claims in excess of three and \$1,250 for fee code 1202 claims in excess of twenty) were made on November 6, 2006 for a total of \$1,580.

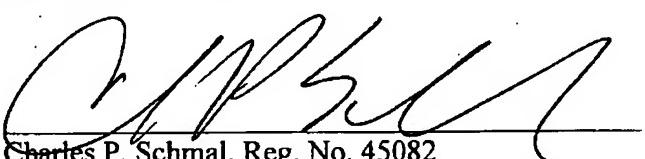
Applicants request a refund of \$1,850 to the deposit account.

On November 1, 2006, Applicants filed a Response to Office Action. The claims as amended were 49 total claims and 6 independent claims. No fees were necessary because on November 3, 2004, a preliminary amendment was filed with 85 total claims and 32 independent, and the fees were paid at that time. A copy of the fee worksheet dated November 3, 2004 downloaded from the PAIR Image File Wrapper is also attached, which clearly shows the payment of the extra claims fees.

Please make the refund of \$1,850 by crediting Deposit Account No. 233030.

Respectfully submitted,

By

  
Charles P. Schmal, Reg. No. 45082  
Woodard, Emhardt, Moriarty, McNett & Henry LLP  
111 Monument Circle, Suite 3700  
Indianapolis, Indiana 46204-5137  
(317) 634-3456

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# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Application Number	10/612,852
Filing Date	July 03, 2003
First Named Inventor	DOUGLAS et al.
Art Unit	3736
Examiner Name	Apanius, Michael

Total Number of Pages in this Submission

5

Attorney Docket Number

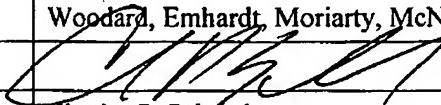
7404-S43

## ENCLOSURES (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached<br>PTO-2038 Credit Card Payment Form   | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment Response                                  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert a Provisional Application                   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Return Receipt Postcard                             |
| <input type="checkbox"/> Express Abandonment Request                         | <input checked="" type="checkbox"/> Request for Refund                                   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s)   | - Copy of Nov. 2006 233030 Deposit Account Statement                                    |
| <input type="checkbox"/> Certified Copy of Priority Documents                | <input type="checkbox"/> Landscape Table on CD   | - Copy of Fee Determination Record  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |  |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |  |   |

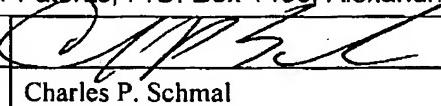
Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP	
Signature		
Printed Name	Charles P. Schmal	
DATE	November 10, 2006	Reg. No. 45,082

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Signature	
Typed or printed name	Charles P. Schmal
Date	November 10, 2006

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**Deposit Account Statement**

**Requested Statement Month:** November 2006  
**Deposit Account Number:** 233030  
**Name:** WOODARD EMHARDT NAUGHTON  
**Attention:** ROS LIM  
**Address:** 111 MONUMENT CIRCLE  
**City:** INDIANAPOLIS  
**State:** IN  
**Zip:** 46204-5137  
**Country:** UNITED STATES

DATE SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEES CODE	AMT	BAL
11/01 174	60734000	50025-15	8007	\$20.00	\$19,463.00
11/01 177	60731672	50025-14	8007	\$20.00	\$19,443.00
11/01 22	11510321	3006-1917	1202	-\$1,250.00	\$20,693.00
11/01 24	11510321	3006-1917	1203	-\$360.00	\$21,053.00
11/02 1	10963022	BMIC-2	2201	\$200.00	\$20,853.00
11/03 240	0170390267	1104-1108	8014	\$25.00	\$20,828.00
11/03 60	11260912	20273-10	8007	\$20.00	\$20,808.00
11/03 251	78881548	8183-1098	8507	\$15.00	\$20,793.00
11/03 252	78885892	8183-1061	8507	\$15.00	\$20,778.00
11/03 419	11583467	4002-3832	8021	\$40.00	\$20,738.00
11/03 287	78918176	8183-1091	8507	\$15.00	\$20,723.00
11/03 288	78918166	8183-1093	8507	\$15.00	\$20,708.00
11/03 289	78918163	8183-1095	8507	\$15.00	\$20,693.00
11/06 8	78965709	8183-1079	8507	\$15.00	\$20,678.00
11/06 10	78946448	8183-1075	8507	\$15.00	\$20,663.00
11/06 1	10612852	7404-543	1201	\$600.00	\$20,063.00
11/06 2	10612852	7404-543	1202	\$1,250.00	\$18,813.00
11/07 22	78240105	7487-2	6005	-\$100.00	\$18,913.00
11/07 1	10419367	4002-2632	1202	\$300.00	\$18,613.00
11/07 672	10843110	4002-2529 & -3535	8021	\$80.00	\$18,533.00
11/09 448	76634983	016505-000008	7004	\$150.00	\$18,383.00
11/09 218	78908787	34138-6, 34138-7	8507	\$30.00	\$18,353.00

START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE
\$19,483.00	\$2,840.00	\$1,710.00	\$18,353.00

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PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

10/612852

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

10-22-04

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 67	Minus	** 23	= 44
Independent	* 26	Minus	*** 4	= 22
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	792
X42=		OR X84=	193
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	2728 pd.

10-29-04

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 77	Minus	** 67	= 10
Independent	* 31	Minus	*** 26	= 5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	180
X42=		OR X84=	440
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	620 pd.

11-3-04

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 85	Minus	** 77	= 8
Independent	* 32	Minus	*** 31	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	144
X42=		OR X84=	88
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	232 pd.

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Document code: WFEE

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01 FC:1201 600.00 DA  
02 FC:1202 1,250.00 DA

Adjustment date: 11/22/2006 SDENB0B1  
11/06/2006 DBATES 00000001 233030 10612852  
01 FC:1201 600.00 CR  
02 FC:1202 1250.00 CR